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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/779,405	02/12/2004	Sean P. Kyne	MAT 319	7763
23581 KOLISCH HAI	7590 11/29/200° RTWELL, P.C.	7	EXAMINER	
520 SW YAMHILL STREET, Suite 200			HYLINSKI, ALYSSA MARIE	
PORTLAND, C	JK 97204		ART UNIT	PAPER NUMBER
			3711	
			MAIL DATE	DELIVERY MODE
			11/29/2007	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

## Interview Summary

Application No.	Applicant(s)
10/779,405	KYNE ET AL.
Examiner	Art Unit
Alyssa M. Hylinski	3711

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All participants (applicant, applicant's representative, PTC	O personnel):
(1) <u>Alyssa M. Hylinski</u> .	(3) <u>Anton Skaugset</u> .
(2) <u>Eugene Kim</u> .	(4)
Date of Interview: 26 November 2007.	
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant	2) applicant's representative]
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)
Claim(s) discussed: <u>1 and 5</u> .	
Identification of prior art discussed: Applied prior art.	
Agreement with respect to the claims f)☐ was reached.	g) was not reached. h) N/A.
way to further address what is intended by this limitation. about the aperture to make it more clear. Further consider (A fuller description, if necessary, and a copy of the amer allowable, if available, must be attached. Also, where no allowable is available, a summary thereof must be attached. THE FORMAL WRITTEN REPLY TO THE LAST OFFICE INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER	Iding language about the lithophane panel to the claims as a lt was also recommended that claim 1 include language eration will be given.  Indidents which the examiner agreed would render the claims copy of the amendments that would render the claims ed.)  ACTION MUST INCLUDE THE SUBSTANCE OF THE ne last Office action has already been filed, APPLICANT IS R OF ONE MONTH OR THIRTY DAYS FROM THIS ITERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required